



Application *for* Membership *Through Reciprocity*

Name : _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Studio Name: _____

Studio Address: _____

City: _____ State: _____ Zip: _____

Studio Phone: _____

I am a: Studio Owner Studio Teacher

Do you want your mail sent to your: Home Studio

I am currently a member of _____

and wish to become a member of Chicago National Association of Dance Masters through reciprocity. I have been a member in good standing of the above stated organization since _____.

Please provide the name and phone number of your current organizations president or business manager.

Name: _____ Phone: _____

I have passed exams in the following dance disciplines? Ballet Tap Jazz

I am enclosing the current year's dues of \$140.00. I verify that the above information is correct.

Date: _____ Signature: _____

PLEASE ATTACH A CHECK MADE OUT TO CNADM FOR \$140.00

Return to:
Kathy Velasco, Managing Director
CNADM
220 E. State St., Suite G
Rockford, IL 61104
815-397-6282 • Fax: 815-397-6799